EVANGELICAL LUTHERAN CHURCH IN AMERICA
Office Of the Treasurer • 8765 W. Higgins Road • Chicago, IL 60631-4197
Telephone: (773) 380-2900 • Facsimile: (773) 380-2115

AUTHORIZATION FOR CREDIT CARD DONATION WITHDRAWALS

Thank you for requesting information on monthly donations to ELCA World Hunger through automatic gifts on your credit card. If you have any questions about this form or about your gifts to ELCA World Hunger, please call Kathryn Sime, director, ELCA World Hunger Appeal (800/638-3522, ext 2757). Thank you for your gift!

I hereby authorize the Evangelical Lutheran Church in America (ELCA) to initiate debit electronic transactions for donations from my credit card account into the ELCA account at Harris Bank. Donations will be processed when received. Recurring donations are processed on the first (1st) or the fifteenth (15th) business day of each month, as noted below.

Please charge my gift to: _____Visa _____MasterCard _____Discover _____American Express

Credit Card Number: _____Exp. Date: _____

Signature:_____

Your Name and Address exactly as it appears on your Credit Card bill:

Name:_____

Spouse Name: _____

Address:_____

City:_____ State:_____ Zip: _____

Daytime Phone# _____

Congregation Name: _____ City, State: _____

GIFT INFORMATION

Gift Amount $_____ → Is this a **one-time (single) gift** ❑ or **Recurring Monthly** ❑
If a recurring gift, indicate, if any, an expiration date:_____

Please use my gift for: (please indicate)
- ❑ ELCA General
- ❑ ELCA World Hunger Appeal
- ❑ Other Program/Ministry Designation:_____

Credit card gifts are made on the 1st or the 15th day of each month. Please check your preference below; if no preference listed, your gift will be deducted on the 15th day of the month.
- ❑ First (1st) day of the month
- ❑ Fifteenth (15th) day of the month

We will send monthly receipts to you after each gift is processed. If you would like only one receipt per year at the end of the year, please indicate here: ❑

I have read, understand, and agree with the information contained on this form.

Signature _____ Date_____/_____/_____.

Instructions: You may fax this form to the Office of the Treasurer-Remittance Office (773) 380-2115 or mail to: John Temmerman, ELCA Office of the Treasurer, 8765 West Higgins Rd, Chicago, IL 60631.